

Work Order ID 107616

September-27-13 12:59:03 PM

\*107616\*

Page 1

Item ID: 646.3110

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Channel

Stop

\*NS2\*

Start Date: 9/27/13

Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 9/27/13

Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 13-09-30

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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646.3100	N/C								
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100		0.00							
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*100*	BAND SAW								
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Bandsaw	Memo	0.00							
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Jeaspa Bandsaw	Cut Blank at 15.00"								
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110		0.00							
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*110*	HAAS CNC VERTICAL MACHINING #1								
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HAAS 1	Memo	0.00							
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HAAS CNC vertical machine #1	1-Machine per folio FB145								
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DWG REV: N/C

FOLIO REV: AA

2- deburr and break all sharp edges

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>			Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
						Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
						Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
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												<input type="checkbox"/> Other			



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
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													<input type="checkbox"/> Other	

Work Order ID 107616

September-27-13 12:59:03 PM

\*107616\*

Page 4

Item ID: 646.3110

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Channel

Stop

\*NS2\*

Start Date: 9/27/13 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 9/27/13 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Quality Control

Memo

0.00

MJ 13-11-04  
MF 10-01  
13-10-01

NCR: Yes / No

DQA: Date: .

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**Picklist Print**

September-27-13 12:59:03 PM

Page 1

Work Order ID: 107616

Parent Item: 646.3110

Parent Item Name: Channel

Start Date: 9/27/13

Required Date: 9/27/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A NEW ISSUE 12-10-24 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M17075T6B1.500X1.500

Purchased

No

f 7.0620

2.6315789

2.517 8/13-10-06

7075.T6 BAR 1.500 x 1.500

Location	Loc Oty	Loc Code
MAT049	7.062	_____
123610	0.302	_____
124030	0.525	_____
125363	0.54	_____
m126705	5.695	2.517

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>									
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														<input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	107616
Description: Channel	Part Number:	646.3110
Inspection Dwg: 646.3100 Rev: N/C		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<i>SS</i>	Audited by:	<i>B.A.</i>	DAE	Preliminary Approval:	
Date:	<i>13-10-06</i>	Date:	<i>13/10/06</i>	<i>08</i> <i>9-89</i>	Date:	

Rev	Date	Change	Revised by	Approved
A	13.09.17	New Issue	KJ	AM

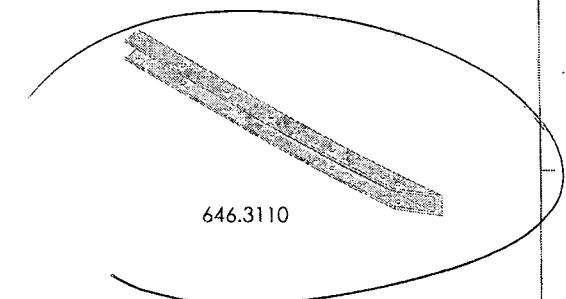
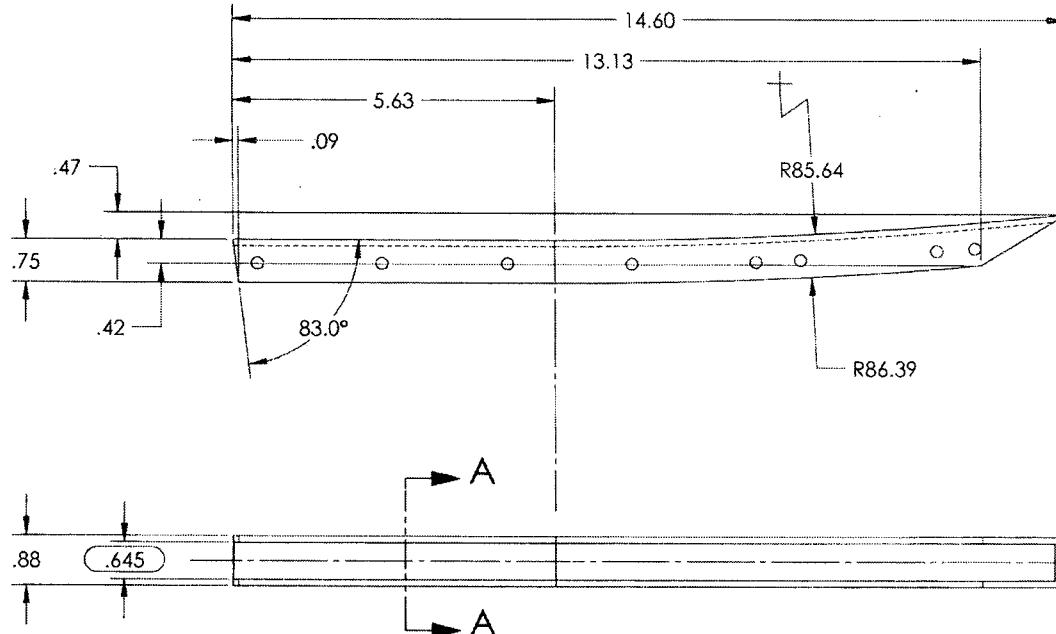
NOTES:

1 MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-225/9

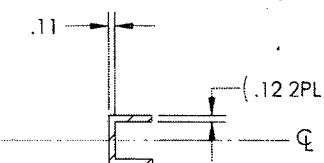
2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120



107616 MLJ  
13-09-30



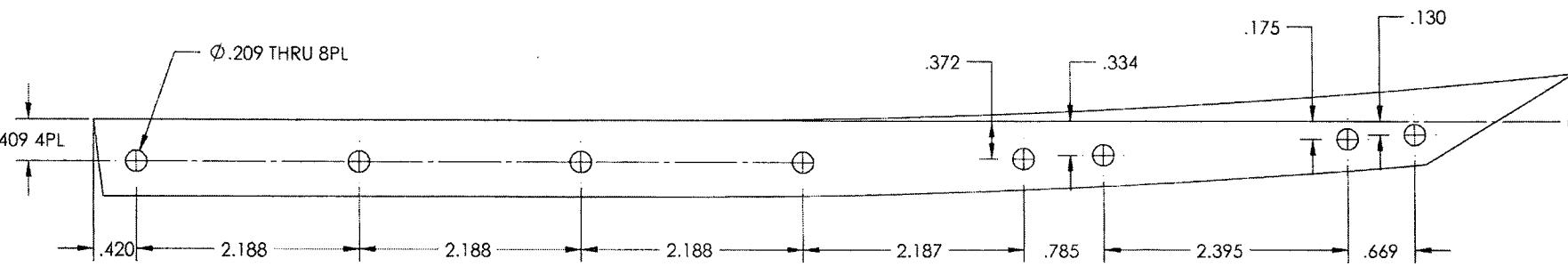
### SECTION A-A

		646.310	CHANNEL	▲	▲
	FIND #	PART #	DESCRIPTION	MATL	SPEC.
QTY			PARTS LIST		
NEXT ASSY. [S]		ORIGINAL DATE 05/29/01 2000 REVISION DATE 05/29/01 2000 S. MFG. BY BRAVO	<p style="text-align: center;"><b>APICAL INDUSTRIES</b></p> <p>2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92058-3512 (760)724-5300</p>		
646.4000		DRAWING APPROVALS 05/29/01 BY BRAVO			
		COMPARING			
		UNASSEMBLED, AS FURNISHED DRAWINGS ARE FOR REFERENCE INSPNSNCES AND ASSEMBLIES ARE TO BE MADE FROM 3 PLACE DRAWINGS 2003			
		WF CAG CODE: B 6/20/02	Dwg. No: 646.3100	REV: N/C	
		SCALE: INCHES	1 EIGHTS N/C		

107616

1 2 3 4 5 6 7 8

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APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



646.3110 HOLE LOCATIONS  
ALL ABOVE DIMS TO +/- .002

DRAWN BY: CS-0168	APICAL INDUSTRIES
CHECKED BY: J. BROWN	2608 TEMPLE HEIGHTS DR.
SUPERVISED BY: J. BROWN	OCEANSIDE, CA. 92055-3512 (760)724-5300
DRAWING APPROVAL	
CONTRACT NO:	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: ±.005 DEPTH ±.005 ANGLES ±.5°	
SIZE: 07M26	REV: N/C
DATE: 07M26	DRAWING NO: 646.3100
SCALE: NONE	
SHEET 2 OF 2	



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62714

Date: 31-Oct-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	<p>Part: ASST</p> <p>Rev:</p> <p>10 PCS D4726-1 (2.55) ✓</p> <p>HARD ANODIZE BLACK</p> <p>MIL-A-8625 TYPE III CLASS 2</p> <p>8 PCS 646.3011 (10.25) ✓</p> <p>2 PCS 646.3110 (10.65) ✓</p> <p>8 PCS 646.3313 (13.10) ✓</p> <p>24 PCS 646.3717 (6.25) ✓</p> <p>26 PCS 646.3719 (6.25) ✓</p> <p>40 PCS 647.9611 (16.30) ✓</p> <p>8 PCS 646.3311 (18.10) ✓</p> <p>HARD ANODIZE BLACK</p> <p>MIL-A-8625 TYPE III CLASS 2</p> <p>PRIME MIL-P-23377J TYPE I CLASS N</p> <p>PRICE IS PER PIECE</p> <p>Job: 20130678</p> <p>PO: 21634</p> <p>Line:</p>

	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE <u>31/10/13</u></p> <p>CERTIFIED SIGNATURE : <u>  </u></p> <p>RECEIVER SIGNATURE : <u>  </u></p>
--	--